

114TH CONGRESS
1ST SESSION

H. R. 2102

To amend title XVIII of the Social Security Act to reduce the incidence of diabetes among Medicare beneficiaries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 29, 2015

Mrs. DAVIS of California (for herself, Mr. KING of New York, Mr. RIBBLE, Mr. TAKAI, Mr. SMITH of New Jersey, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to reduce the incidence of diabetes among Medicare beneficiaries, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Diabetes
5 Prevention Act of 2015”.

1 **SEC. 2. DIABETES PREVENTION UNDER THE MEDICARE**
2 **PROGRAM.**

3 (a) COVERAGE OF DIABETES PREVENTION PROGRAM
4 SERVICES.—

5 (1) COVERAGE OF SERVICES.—

6 (A) IN GENERAL.—Section 1861(s)(2) of
7 the Social Security Act (42 U.S.C. 1395x(s)(2))
8 is amended—

9 (i) in subparagraph (EE), by striking
10 “and” after the semicolon at the end;

11 (ii) in subparagraph (FF), by insert-
12 ing “and” after the semicolon at the end;
13 and

14 (iii) by adding at the end the fol-
15 lowing new subparagraph:

16 “(GG) items and services furnished under a di-
17 abetes prevention program (as defined in subsection
18 (iii)(1)) to an eligible diabetes prevention program
19 individual (as defined in subsection (iii)(2));”.

20 (B) DEFINITIONS.—Section 1861 of the
21 Social Security Act (42 U.S.C. 1395x) is
22 amended by adding at the end the following
23 new subsection:

1 “Diabetes Prevention Program; Eligible Diabetes Preven-
2 tion Program Individual; Qualified Diabetes Preven-
3 tion Program Provider

4 “(iii)(1)(A) The term ‘diabetes prevention program’
5 means a program that—

6 “(i) meets the criteria described in subpara-
7 graph (B); and

8 “(ii) is furnished by a qualified diabetes preven-
9 tion program provider (as defined in paragraph
10 (3)(A)).

11 “(B) The Secretary shall establish the criteria for a
12 diabetes prevention program. Such criteria shall be in ac-
13 cordance with the standards under the National Diabetes
14 Prevention Program, as established by the Centers for
15 Disease Control and Prevention, and shall require that the
16 program complies with the Federal regulations (con-
17 cerning the privacy of individually identifiable health in-
18 formation) promulgated under section 264(c) of the
19 Health Insurance Portability and Accountability Act of
20 1996. In establishing such criteria, the Secretary may also
21 consider other factors or clinical evidence as the Secretary
22 determines appropriate.

23 “(C) Items and services furnished under a diabetes
24 prevention program may, as determined appropriate by
25 the Secretary, be furnished in-person in a community set-

1 ting, virtually, or via one or more proven distance-learning
2 modalities.

3 “(D) The Secretary shall establish procedures under
4 which a qualified diabetes prevention program provider
5 may contract with a diabetes prevention program delivery
6 partner to furnish the items and services under a diabetes
7 prevention program. Items and services may be furnished
8 in one or some combination of the settings described in
9 subparagraph (C). For purposes of this subsection, the
10 term ‘diabetes prevention program delivery partner’ means
11 an entity, including non-profit organizations, public and
12 private hospitals, State and local departments of public
13 health, and Federally qualified health centers, that meets
14 criteria established by the Secretary. Such criteria shall
15 be in accordance with the standards under the National
16 Diabetes Prevention Program, as established by the Cen-
17 ters for Disease Control and Prevention. In establishing
18 such criteria, the Secretary may also consider other fac-
19 tors or clinical evidence as the Secretary determines ap-
20 propriate.

21 “(2)(A) The term ‘eligible diabetes prevention pro-
22 gram individual’ means an individual at risk for diabetes
23 (as defined in subsection (yy)(2)) who would benefit from
24 items and services under a diabetes prevention program,

1 as determined based on criteria established by the Sec-
2 retary.

3 “(B) The criteria established under subparagraph
4 (A) shall be in accordance with the standards under the
5 National Diabetes Prevention Program, as established by
6 the Centers for Disease Control and Prevention. In estab-
7 lishing such criteria, the Secretary may also consider other
8 factors or clinical evidence as the Secretary determines ap-
9 propriate.

10 “(3)(A)(i) The term ‘qualified diabetes prevention
11 program provider’ means any entity, including a Federally
12 qualified health center, that the Secretary determines—

13 “(I) is appropriate to furnish items and services
14 under a diabetes prevention program; and

15 “(II) meets criteria established by the Sec-
16 retary, in consultation with the Centers for Disease
17 Control and Prevention.

18 “(ii) A qualified diabetes prevention program pro-
19 vider may be, as determined appropriate by the Secretary,
20 a supplier (as defined in subsection (d)), a provider of
21 services (as defined in subsection (u)), a health insurance
22 or services company, a community-based organization, or
23 any other appropriate entity.

24 “(B) A qualified diabetes prevention program pro-
25 vider shall—

1 “(i) furnish the items and services under the di-
2 abetes prevention program through a delivery part-
3 ner (pursuant to paragraph (1)(D)) unless no such
4 delivery partner is available;

5 “(ii) manage, track, and verify the outcomes of
6 a diabetes prevention program (including attendance
7 and observed weight loss of participating individuals)
8 through defined systems which cannot rely solely on
9 data self-reported by participating individuals, in-
10 cluding outcomes of programs furnished under con-
11 tract with a diabetes prevention program delivery
12 partner as defined in paragraph (1)(D);

13 “(iii) implement business processes to manage
14 program workflow, such as eligibility, reporting,
15 claims billing, class scheduling, and enrollment;

16 “(iv) manage and verify billing accuracy and
17 beneficiary eligibility (as described in paragraph
18 (2));

19 “(v) comply with applicable laws and regula-
20 tions and ensure such compliance by a diabetes pre-
21 vention program delivery partner;

22 “(vi) perform various forms of engagement
23 with, and outreach to, eligible diabetes prevention
24 program individuals, including those participating in

1 programs furnished under contract with a diabetes
2 prevention program delivery partner;

3 “(vii) comply with all program integrity require-
4 ments as established by the Secretary; and

5 “(viii) perform such other functions as estab-
6 lished by the Secretary.”.

7 (2) AMOUNT OF PAYMENT.—Section 1833(a)(1)
8 of the Social Security Act (42 U.S.C. 1395l(a)(1))
9 is amended—

10 (A) by striking “and (Z)” and inserting
11 “(Z)”; and

12 (B) by inserting before the semicolon at
13 the end the following: “, and (AA) with respect
14 to items and services furnished under a diabetes
15 prevention program (as defined in section
16 1861(iii)(1)), the amount paid shall be 100 per-
17 cent of (i) except as provided in clause (ii), the
18 lesser of the actual charge for the items and
19 services or the amount determined under the
20 fee schedule that applies to such items and
21 services under this part, as determined by the
22 Secretary, and (ii) in the case of such items and
23 services that are covered OPD services (as de-
24 fined in subsection (t)(1)(B)), the amount de-
25 termined under subsection (t)”.

1 (3) WAIVER OF APPLICATION OF DEDUCT-
2 IBLE.—The first sentence of section 1833(b) of the
3 Social Security Act (42 U.S.C. 1395l(b)) is amend-
4 ed—

5 (A) by striking “and” before “(10)”; and

6 (B) by inserting before the period the fol-
7 lowing: “, and (11) such deductible shall not
8 apply with respect to items and services under
9 a diabetes prevention program (as defined in
10 section 1861(iii)(1))”.

11 (4) ASSIGNMENT OF CLAIMS.—Section
12 1842(b)(18)(C) of the Social Security Act (42
13 U.S.C. 1395u(b)(18)(C)) is amended by adding at
14 the end the following new clause:

15 “(vii) A qualified diabetes prevention program
16 provider (as defined in section 1861(iii)(3)(A)).”.

17 (5) EXCLUSION OF ITEMS AND SERVICES
18 UNDER A DIABETES PREVENTION PROGRAM FROM
19 SKILLED NURSING FACILITY PROSPECTIVE PAYMENT
20 SYSTEM.—Section 1888(e)(2)(A)(ii) of the Social Se-
21 curity Act (42 U.S.C. 1395yy(e)(2)(A)(ii)) is amend-
22 ed by inserting “items and services under a diabetes
23 prevention program (as defined in section
24 1861(iii)(1)),” after “qualified psychologist serv-
25 ices,”.

1 (6) INCLUSION IN FEDERALLY QUALIFIED
2 HEALTH CENTER SERVICES.—Section 1861(aa)(3) of
3 the Social Security Act (42 U.S.C. 1395x(aa)(3)) is
4 amended—

5 (A) in subparagraph (A), by striking
6 “and” at the end;

7 (B) in subparagraph (B), by striking the
8 comma at the end and inserting “; and”; and

9 (C) by adding after subparagraph (B) the
10 following new subparagraph:

11 “(C) items and services under a diabetes pre-
12 vention program (as defined in section
13 1861(iii)(1)),”.

14 (7) SPECIAL CONSIDERATION FOR THE DUAL
15 ELIGIBLE POPULATION.—In implementing the
16 amendments made by this subsection, the Secretary
17 of Health and Human Services shall give special
18 consideration to the needs of individuals who are du-
19 ally eligible for benefits under the Medicare and
20 Medicaid programs.

21 (8) EVALUATION AND REPORT TO CONGRESS.—

22 (A) EVALUATION.—The Secretary of
23 Health and Human Services shall conduct an
24 evaluation on the coverage of items and services
25 under a diabetes prevention program under the

1 Medicare program, as added by the amend-
2 ments made by this subsection. Such evaluation
3 shall include an analysis of—

4 (i) the impact of the provision of such
5 coverage on Medicare beneficiaries, includ-
6 ing the impact on various populations,
7 such as individuals who are dually eligible
8 for benefits under the Medicare and Med-
9 icaid programs and individuals living in
10 rural or medically underserved areas, and
11 the impact of the provision of such cov-
12 erage on health disparities;

13 (ii) the rate at which physicians refer
14 eligible diabetes prevention program indi-
15 viduals to diabetes prevention programs
16 under the Medicare program;

17 (iii) Medicare beneficiary participation
18 levels in diabetes prevention programs
19 under the Medicare program and the
20 awareness of Medicare beneficiaries of the
21 benefit;

22 (iv) the health outcomes resulting
23 from completion of a diabetes prevention
24 program under the Medicare program, in-
25 cluding any measurable variations in out-

1 come between different program settings
2 described in section 1861(iii)(1)(C) of the
3 Social Security Act, as added by paragraph
4 (1)(B);

5 (v) program integrity protections im-
6 portant to diabetes prevention programs
7 under the Medicare program; and

8 (vi) other areas determined appro-
9 priate by the Secretary.

10 (B) REPORT.—Not later than January 1,
11 2021, the Secretary of Health and Human
12 Services shall submit to Congress a report on
13 the evaluation conducted under subparagraph
14 (A), together with recommendations for such
15 legislation and administrative actions as the
16 Secretary determines appropriate.

17 (9) EFFECTIVE DATE.—The amendments made
18 by paragraphs (1) through (6) shall apply with re-
19 spect to services furnished on or after January 1,
20 2017.

21 (b) INCLUSION OF REFERRAL RATES TO DIABETES
22 PREVENTION PROGRAMS IN THE MEDICARE PHYSICIAN
23 QUALITY REPORTING SYSTEM.—Section 1848(k)(2)(C)(i)
24 of the Social Security Act (42 U.S.C. 1395w-
25 4(k)(2)(C)(i)) is amended by adding at the end the fol-

1 lowing new sentence: “For purposes of reporting data on
 2 quality measures for covered professional services fur-
 3 nished during 2020 and each subsequent year, the quality
 4 measures specified under this paragraph shall include a
 5 measure with respect to referrals of eligible diabetes pre-
 6 vention program individuals (as defined in paragraph (2)
 7 of section 1861(iii)) to diabetes prevention programs (as
 8 defined in paragraph (1) of such section).”.

9 (c) INCLUSION OF DIABETES RISK ASSESSMENT IN
 10 MEDICARE PERSONALIZED PREVENTION PLAN.—

11 (1) IN GENERAL.—Section 1861(hhh)(2)(C) of
 12 the Social Security Act (42 U.S.C.
 13 1395x(hhh)(2)(C)) is amended by inserting before
 14 the period at the end the following: “, and an assess-
 15 ment of whether the individual is an individual at
 16 risk for diabetes (as defined in subsection (yy)(2))”.

17 (2) EFFECTIVE DATE.—The amendment made
 18 by this subsection shall apply to personalized preven-
 19 tion plans created or updated on or after January
 20 1, 2017.

21 **SEC. 3. FINDINGS; SENSE OF THE HOUSE OF REPRESENTA-**
 22 **TIVES REGARDING DIABETES PREVENTION**
 23 **UNDER THE MEDICAID PROGRAM.**

24 (a) FINDINGS.—Congress makes the following find-
 25 ings:

1 (1) The prevalence and cost of diabetes is a sig-
2 nificant concern for State Medicaid programs. By
3 2021, the Medicaid program is expected to cover
4 13,000,000 people with diabetes and about
5 9,000,000 people who may have pre-diabetes. By
6 2021, States will spend an estimated
7 \$83,000,000,000 on individuals with diabetes or pre-
8 diabetes.

9 (2) The National Diabetes Prevention Program,
10 as established by the Centers for Disease Control
11 and Prevention, has been proven to reduce the onset
12 of diabetes in at-risk adults by 58 percent, using a
13 cost-effective, community-based intervention.

14 (b) SENSE OF THE HOUSE OF REPRESENTATIVES.—
15 It is the sense of the House of Representatives that the
16 National Diabetes Prevention Program presents an oppor-
17 tunity for States to reduce the incidence of diabetes among
18 individuals enrolled in their Medicaid programs.

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